



Respecting the Tobacco Way

***Native American Teens Against Tobacco
Annual Gathering of Native Americans (GONA)
June 16-18, 2015
Northern Cheyenne Tribal School -Busby, MT
For Teens Ages 13 to 18***

Camp Program

We are happy to announce our annual GONA (Gathering of Native Americans) to be held June 16th through June 18th, 2015 at Northern Cheyenne Tribal School, Busby, MT (Northern Cheyenne Hosting Reservation). Travel dates, June 15 and 19. This is our sixth annual gathering of American Indian youth from the state of Montana coming together to share stories, success, friendship, and community connection.

The youth gather for three days of learning, diversity, cultural exchange, community leadership and fun. The youth follow the Best Practice GONA curriculum of belonging, mastery, interdependence and generosity, led by Substance Abuse and Mental Health Services Administration (SAMHSA) recognized national trainers and participate in hosting tribe's unique stories, prayers, and protocols. Native Games, swimming, nature hikes and crafts will also be offered.

GONA for youth has been proven to be a best practice curriculum for American Indian youth to decrease substance abuse. Students will gain awareness and understanding of commercial tobacco, community dynamics, and self-empowerment. They leave with skills and resources to bring back to their reservation/urban community and become agents of change and future leaders.

Transportation

The campers will be bused from their home communities as a group with leader and chaperones. Parents must drop and pick off teens at designated site.

Cost

Participation, camp supplies, transportation, accommodations and food is covered. Students need to bring personal clothes, toiletries and bedding along with enthusiasm, willingness to participate and ability to have fun.

PLEASE RETURN YOUR COMPLETED APPLICATIONS by May 8, 2015 TO:

Tobacco Prevention Specialist representing your Tribe or nearest to you.

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Student Registration Form

Please print or type. Do not leave any blanks.

STUDENT INFORMATION

Name: _____ Date of Birth: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip: _____

Phone Number(s): _____

Email address: _____

Tribal Affiliation(s): _____

Primary language(s) spoken in your home: _____

Gender (circle one): Male or Female

SCHOOL INFORMATION

School District and Name: _____

Grade level in fall 2015: _____

PARENT/GUARDIAN INFORMATION

Name of Parent(s) or Guardian(s): _____

Mailing Address: _____

City/Town: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Employer Name: _____ Work Phone: _____

Alternate Contact if Parent/Guardian unavailable:

Home Phone: _____ Cell Phone: _____

Relationship to Camper: _____

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Medical Consent Form

Please print or type. Do not leave any blanks.

A medical provider will need this form before treating a minor's illness or injury.

Name of Student: _____ Date of Birth: _____

SS# _____

Name of Parent or Legal Guardian: _____

Address: _____

Home Phone: _____ Work Phone: _____

Chart Number: _____

Emergency Contact: _____ Phone: _____

If the student has any **condition that may require special treatment** it is imperative that a medical provider is alerted. Please indicate below any on-going medical or emotional problems that may require special attention (e.g., epilepsy, asthma, disability, anxiety, depression, etc.). Use reverse side if necessary.

Does the student have any **known allergies to medications, food, insects**, etc.: _____ If so please list:

Has the student had any **major illness** during the past year? _____ If so, please explain:

Are all immunizations current and up-to-date? Yes ____ No ____

Date of last tetanus injection (Must include Tetanus shot (DPT/DT-Td): _____

Are contacts or glasses worn? _____

Does the student take any prescribed or over-the-counter medications? Yes ____ No ____

If so, please list medications being taken and any specific instructions:

*All medications must be given to child/youth's lead Tobacco Prevention Specialist. Place them in a large Ziploc bag with your child's name. Prescriptions must be in the original container with the camper's name and the current dosage. No medications will be given unless they are in original containers. If your child/youth requires an asthma inhaler or antidote for insect bite or allergies (prescribed by doctor) have them bring at least two (2) to camp.

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Do you have health insurance? Yes ____ No ____

If yes, please complete the following:

Name of Insurance Company _____

Address _____

City/ST _____ Zip _____

Phone # _____ Policy # _____

Group # _____

Insurance carrier's name _____

Relationship to camper _____

Carrier's ID # or Social Security # _____

Tribal Enrollment Number _____ Enrolled Parent Member Number _____

Primary care physician's name: _____

Address: _____

Phone: _____

PARENT OR GUARDIAN AND WITNESS READ AND SIGN: I hereby certify that to the best of my knowledge the above medical statement is accurate. As Parent/legal guardian of registrant on this form, I/we have determined the registrant to be in good health and able to participate in all camp activities. In addition, I/we understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. If unable to reach me/us, I/we do hereby:

1) Authorize the tobacco prevention specialist and/or medical staff at Gathering of Native Americans (GONA) to: (a) provide emergency treatment for my/our child should the staff believe it necessary or appropriate to do so without first obtaining my/our permission, (b) secure reasonable medical treatment from the local hospital, clinic or EMS service for my/our child should the staff believe it necessary or appropriate to do so without my/our permission.

2) Release all persons in charge of or attending the sponsored activity as well as tobacco prevention specialists, employees, officers, leaders and members of the GONA from (a) any liability for securing or failure to secure such medical treatment and (b) any liability arising from any injury/sickness to my/our child occurring while going to or from such activity or while participating therein.

It is also understood that no major surgery will be performed on my son/daughter/ward without my further specific consent except in those cases of extreme urgency when the delay in obtaining consent may constitute a serious risk of life to my son/daughter/ward. I further realize that expenses for medical attention shall be my responsibility.

Student Printed Name: _____

Parent/Guardian Signature: _____

Parent Printed Name: _____ Date: _____

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Minor Talent Release Agreement

I hereby authorize the GONA (Gathering of Native Americans) to take film, video and/or still pictures and sound recordings of me/my child/my family without restriction while participating in authorized GONA for inclusion in multimedia projects. I also agree that such pictures and sound recordings may be used by the GONA for promotional purposes and to share the projects produced on the World Wide Web, with other campers, and for presentations by the Director or his/her designee.

In consideration of the engagement as a model of the minor named below, and for other good and valuable consideration herein acknowledged as received, upon the terms hereinafter stated, I hereby grant to the Montana Tobacco Use Prevention Program, his/her heirs, legal representatives and assigns, those for whom the Montana Tobacco Use Prevention Program is acting, and those acting with his/her authority and permission, the absolute right and permission to copyright, in his/her own name or otherwise, and use, reuse, publish, and re-publish audio and voice recordings, photographic portraits or pictures of the minor or in which the minor may be included, in whole or in part, or composite or distorted in character or form, without restriction as to changes or alterations, in conjunction with the minor's own or a fictitious name, or reproductions thereof in color or otherwise, made through any medium at his/her agency or elsewhere, and in any or all media now or hereafter known for illustration, promotion, art, advertising, trade, or any other purpose whatsoever. I also consent to the use of any audio and printed matter in conjunction therewith. I agree that all such audio recordings, portraits, pictures, photographs and/or reproductions thereof, and plates, recordings and negatives connected therewith, are and shall remain the property of the Montana Tobacco Use Prevention Program, or of the advertisers represented by the Montana Tobacco Use Prevention Program.

I hereby waive any right that the minor or I may have to inspect or approve the finished product or products and the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied.

I hereby release, discharge and agree to hold harmless the Montana Tobacco Use Prevention Program, his/her heirs, legal representatives and assigns, and all persons acting under his/her permission or authority or those for whom he/she is acting, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said recording or picture or in any subsequent processing thereof, as well as any media or publication thereof, including without limitation any claims for libel or invasion of privacy.

I hereby warrant that I am of full age and have the right to contract for the minor in the above regard. I have read the above authorization, release and agreement, prior to its execution, and I am fully familiar with the contents thereof. This release shall be binding upon me and my heirs, legal representatives, and assigns.

Minor Name _____ Date of Birth _____

Parent/Guardian Printed Name: _____

Address: _____ City _____

Zip Code _____ Phone _____ Email: _____

Parent/Guardian Signature _____ Date _____

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Parental Consent Form

I hereby give permission for my son/daughter to attend the *Youth Gathering of Native Americans (GONA)* “*Respecting the Tobacco Way*” in Busby, Montana – June 15-19 (including travel days). I understand that lodging will be provided in form of tipis, tents, and/or dormitory rooms. I understand that meals and transportation is provided. I understand that any spending money, personal electronics and valuables brought by my student are taken at his/her own risk and not the responsibility of Tobacco Prevention Specialist (TPS) and GONA staff. TPS, GONA staff and educational mentors will serve as chaperones 24-hour per day. My son/daughter will be required to comply with the GONA rules and regulations, as well as all Federal, State and tribal laws and regulations. NATAT/GONA/TPS/NCTS will not be responsible for any accidents, injuries or other misfortune, which may occur as a result of a participant’s violation of these rules, regulations or policies.

If the student decides to leave GONA Camp voluntarily before the advertised end date, TPS and GONA staff will release the student only into the custody of the parent/legal guardian and will not be responsible for the student after he/she leaves the campus or camping grounds. The GONA providers reserve the right to dis-enroll a student at any time due to a violation of any rule, regulation or policy established by the camp providers. Parents will be notified and will be responsible for retrieving their son/daughter.

I understand and hereby acknowledge that certain risks are inherent to participation in recreational activities, including, but not limited to, water sports and swimming. These types of injuries may be minor or serious and may result from one’s own actions, the actions or inaction of others, or a combination of both. I understand certain rules and regulations are designed for the safety and protection of participants and the GONA staff and the camper hereby undertake to abide by these rules and regulations. Participants understand that certain activities require a minimum level of fitness and health; that being physical, mental and emotional, and that each person has a different capacity for participating in these activities. **I give my permission for my youth to participate in water activities and swimming if available: Yes ___ No ___.**

GONA Camp provides opportunities for campers to participate in a variety of traditional teachings and sacred beliefs. Please discuss your beliefs with your student before he/she attends. **I understand that sacred and traditional teachings may be a part of the GONA lessons and that my student may opt in or out of these activities according to his/her beliefs: Yes ___.**

The GONA Camp providers shall not be liable for any injury to my person or child resulting from my/his/her voluntary participation in these activities. GONA Camp shall not be liable for loss to my personal property or my child’s personal property arising from voluntary participation in these activities. I declare having read and fully understanding this parental consent form in its entirety and hereby consent to participation acknowledging all foregoing. I also declare that all information provided in this application packet to be true and accurate.

Print Participant’s Name

Participant’s Signature

Date

Print Parent/Legal Guardian’s Name

Parent/Legal Guardian’s Signature

Date

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Camper's Pledge for (Print Camper's Name) _____

"We could learn a lot from crayons; some are sharp, some are pretty, some are dull, while others bright, some have weird names, but they all have learned to live together in the same box." ~Robert Fulghum

As a GONA Camper, I will help to create a wholesome environment.

- No drugs, alcohol or commercial tobacco are permitted on any camp premises or activities.
- No offensive and inappropriate clothing allowed.
- No use of profanity or offensive language.
- No use of personal electronics (including cell phones) during active camp hours (8am to 10pm).
- Behave in a way that would make my parents, grandparents and ancestors proud.

As a GONA Camper, I will help to make camp a safe place for all.

- No intimidation or bullying of others.
- No display of public affection including sexual contact between campers.
- All safety rules must be followed.
- Participation only in activities approved/supervised by Camp Staff.
- No leaving camp grounds or activities without Camp Staff approval.

As a GONA Camper, I will respect my fellow campers, staff and all camp property.

- Listen while my elders, teachers, brothers, sisters, guests are talking.
- Leave items that are not my own alone, intact and in place.
- No vandalism to others or camp property.

As a GONA Camper, I will make the most of my camp experience and have fun!

- I will meet new people and be open to new experiences.
- I will participate in camp activities and maintain a positive attitude.
- I will take what I learn at GONA back to my community and be a leader and a positive role model of healthy choices.

I realize the importance of the GONA Camper's Pledge and agree to follow it.

Camper Signature: _____ Date: _____

I have discussed the GONA Camper's Pledge with my child and will support my child's commitment to follow it.

Parent/Guardian Signature: _____ Date: _____

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Camper's List

You may want to label your belongings

- ❖ Heavy coat
- ❖ Sweatshirt or light jacket
- ❖ 2 Pair Jeans
- ❖ 2 Sweat Pants
- ❖ 2 Pair Shorts
- ❖ 4 Shirts, T and/or long sleeved
- ❖ Socks
- ❖ Under-ware
- ❖ Raingear
- ❖ Swimwear
- ❖ Shoes for hiking and running
- ❖ Hat
- ❖ Flip Flops for showers/swimming
- ❖ Towel & wash cloth
- ❖ Toiletries: toothbrush/paste, shampoo/conditioner, comb/brush, baby wipes, lotion, lip balm, sanitary napkins/tampons, hair ties
- ❖ Hair braiding (If assistance is needed, please have parent/guardian inform the TPS. Additional consent may be required.)
- ❖ Medications (In Rx bottle with prescription information, must be handed Tobacco Prevention Specialist)
- ❖ Bug spray
- ❖ Sunscreen
- ❖ Sleeping bag & pad (Extra supplies at camp, inform TPS if you need to borrow bedding)
- ❖ Pillow
- ❖ Flashlight
- ❖ Snacks, Money and Electronic Devices are discouraged, (bring at own risk)

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